

L050000 60730

(Requester's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hardrock Cycle Parks
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn Knox
(Name of Person)

Hardrock Cycle Park
(Firm/Company)

6849 NW Gainesville Rd.
(Address)

Ocala, FL 34475
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Glenn Knox at (352) 732-6697
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Hardrock Cycle Park
2. The mailing address of the limited liability company is : 6849 NW Gainesville Rd
Ocala, FL 34475
3. Date of filing/registration in Florida _____ 4. Document number L05000060730

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Company Corporation CORPORATION SERVICE CO.
Name
2711 Centerville Road 1201 HAYS STREET
Address
Wilmington, DE 19808 TALLAHASSEE, FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

Glenn Knox
Name
6849 NW Gainesville Rd
Florida street address (P.O. Box NOT acceptable)
Ocala, FL FL 34475
City, State and Zip

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SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Glenn Knox
(Signature of a member or authorized representative of a member)

GLENN KNOX
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Glenn Knox
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00